

North Carolina Department of Transportation
Materials and Tests Unit
Research & Investigations Section

SHAFT INSPECTION REQUEST FORM

Date Request Made	
DATE and TIME Inspection Requested	
Request By (Name)	
Title	
Telephone Number (Office)	
Telephone Number (Cell)	
Project Contact (Name)	
Project Contact Title	
Project Contact Telephone Number (Office)	
Project Contact Telephone Number (Cell)	
County - Division	
Contract Number	
Number of Shafts to be inspected	
Directions to Meeting Point (Project Location)	
Notes / Comments	

If you have any questions about this form, please contact Jessica S Earley
at (919) 329-4200 or jsearley@ncdot.gov